STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911143	**01/02/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
John Knox Village Of Central F	**101 Northlake Drive Orange City, FL 32763**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0051 - 58a-5.0185(2) Fac - Medication - Pill Organizers S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - E207 - 58a-5.030(8) Fac - Ecc - Services S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced relicensure survey was conducted on . . . John Knox Village of Central Florida had Licensure deficiencies found at the time of the visit.

0051-Medication - Pill Organizers 58A-5.0185(2) FAC
Based on record review and staff interview the facility failed to assess that a resident could self administer medications and failed to document the date and time a pill organizer was filled for 1 of 1 sampled residents, Resident #8.

The findings include:

The Health Assessment (4/8/13) for Resident #8 revealed she needed assistance with self administration of medications. The clinical record did not show documentation of when and who filled the pill box. The Health Assessment revealed that the resident could not self-administer.

Employee C at . . . . . at 12:25pm was interviewed and revealed that the resident used a pill organizer for her medication administration. She also stated that staff sign the medication record daily to document that the resident received her medications and pill organizer was written below every medication. She also stated that every Tuesday, a nurse filled the pill organizer for her, but it was not documented.

She also stated that they did not have a physician order for the pill organizer or that she could self-administer her own medications.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation and staff interview, the facility failed to follow proceedures for assisting residents with self-administration of medication as specified in Florida Statute 429.256 for 5 of 6 sampled residents(Residents #1-5).

The findings include:

Medication observation was made on . . . at 9:09am with Employee A. Each time Employee A, a medication technician, assistance with self-administration, she did not inform the residents what medications they were

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taking. She put the pills in a cup and handed it to them.

On [redacted] at 9:46am, Employee A assisted Resident #4 with administration of an [redacted] patch. She applied gloves to her hands removed the old patch and applied the new patch to the left chest. Afterwards she removed her gloves and disposed of them in the trash. She then exited the [redacted] washing her hands.

Employee A was interviewed on [redacted] at 9:51 am. She confirmed she did not tell each resident what medication she was giving them nor did she wash her hands after removal of gloves.

Class III

E207-ECC - Services 58A-5.030(8) FAC
Based on observation, record review and staff and resident interview, the facility failed to place a resident on Extended Congregate Care (ECC) Services for 1 of 14 sampled residents, Resident #3.

The findings include:

On [redacted] at 9:30 a.m. Resident #3 was observed in his [redacted] anti-embolic [redacted] hose) stockings on both legs. He stated that he took [redacted] and that made his legs swell. He stated that he woke up early (around 4 a.m. daily) and staff assisted him with putting them on.

The Director of Nursing was interviewed on [redacted] at 10 a.m. She stated that Resident #3 was not on ECC services and should be. She also stated that that the nursing assistants were allowed to assist residents with anti-embolic stockings.

Employee B, a medication technician was interviewed on [redacted] a 10:15 a.m. She stated she was aware of Resident #3 hasanti-embolic stockings and had assisted him with putting them on. She stated she thought she was allowed to do so. She did not know that a nurse had to do it.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
John Knox Village of Central F
101 Northlake Drive
Orange City, FL 32763

Dear Administrator:

This letter reports the findings of a state biennial licensure survey that was conducted on 2014 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **2014** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at

Sincerely,

Robert E. Dickson
Field Office Manager
Division of Health Quality Assurance

LW/RED/sm
Enclosure